

Fig 1

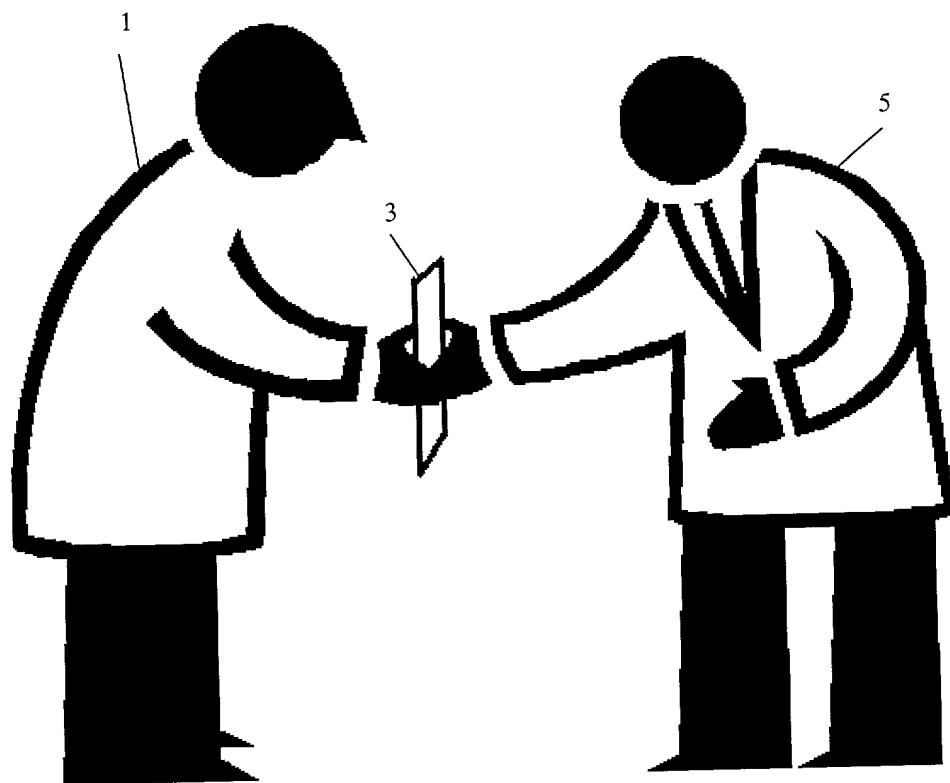


Fig 2

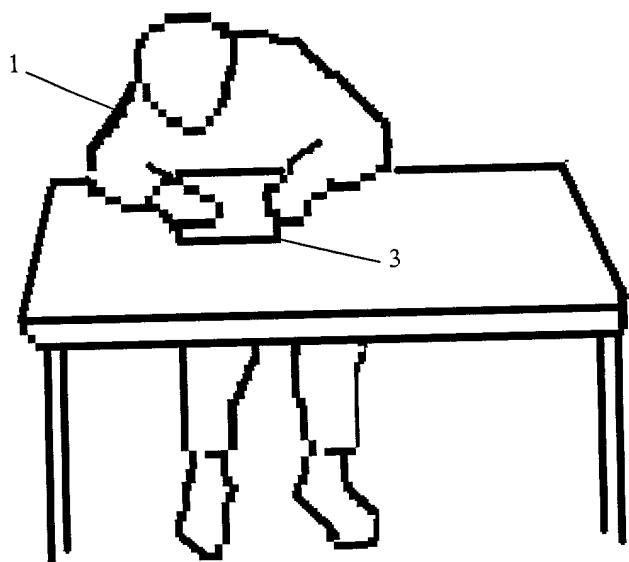
3

<i>Personal and Family Histories</i>			
Marking Instructions Use only the pencil provided. Mark all items that apply to you. Fill in the complete name as you know it. Emergency Marks			
PLEASE PRINT YOUR LAST NAME PLEASE PRINT YOUR FIRST NAME PLEASE PRINT YOUR DATE OF BIRTH PATIENT SOCIAL SECURITY NUMBER			
Tobacco Use How would you describe your cigarette smoking? If your answer is "Current" or "Never", please fill in the year you started smoking. If your answer is "Previous", please fill in the year you quit smoking. Cigarettes a day that you smoke or did smoke?			
Current	Previous	Never	
Cigarettes <input type="radio"/> Year	Cigarettes <input type="radio"/> Year	Cigarettes <input type="radio"/> Year	
			

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Fig 3

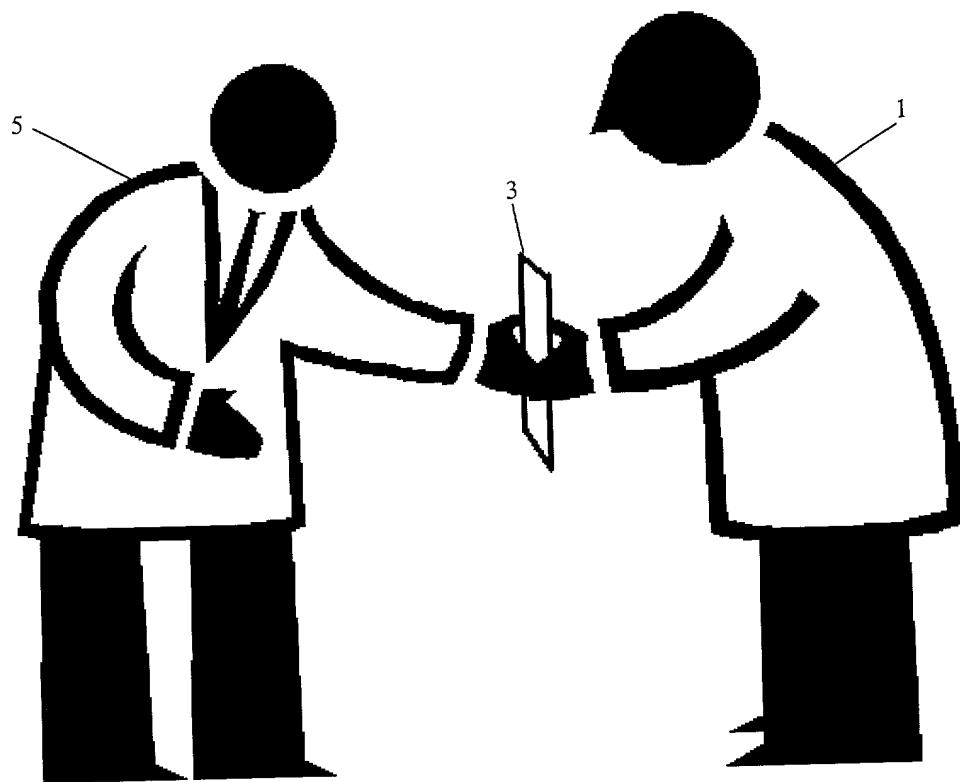


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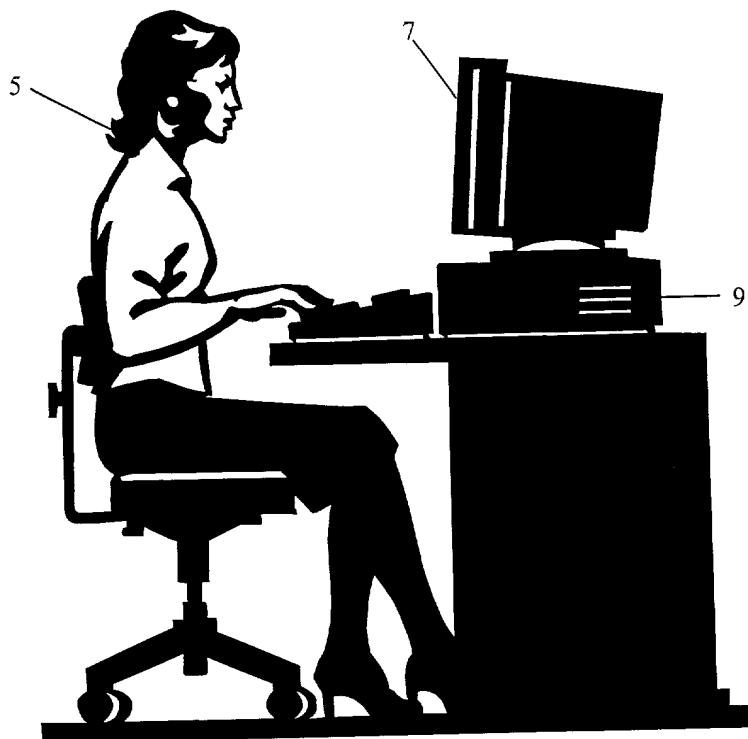
Fig 4



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Fig 5



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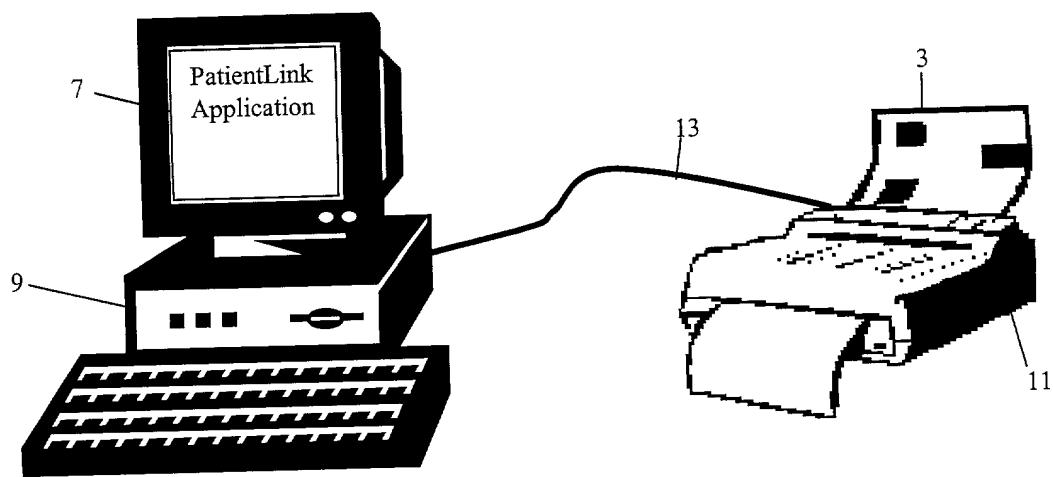
Fig 6

Fig 7

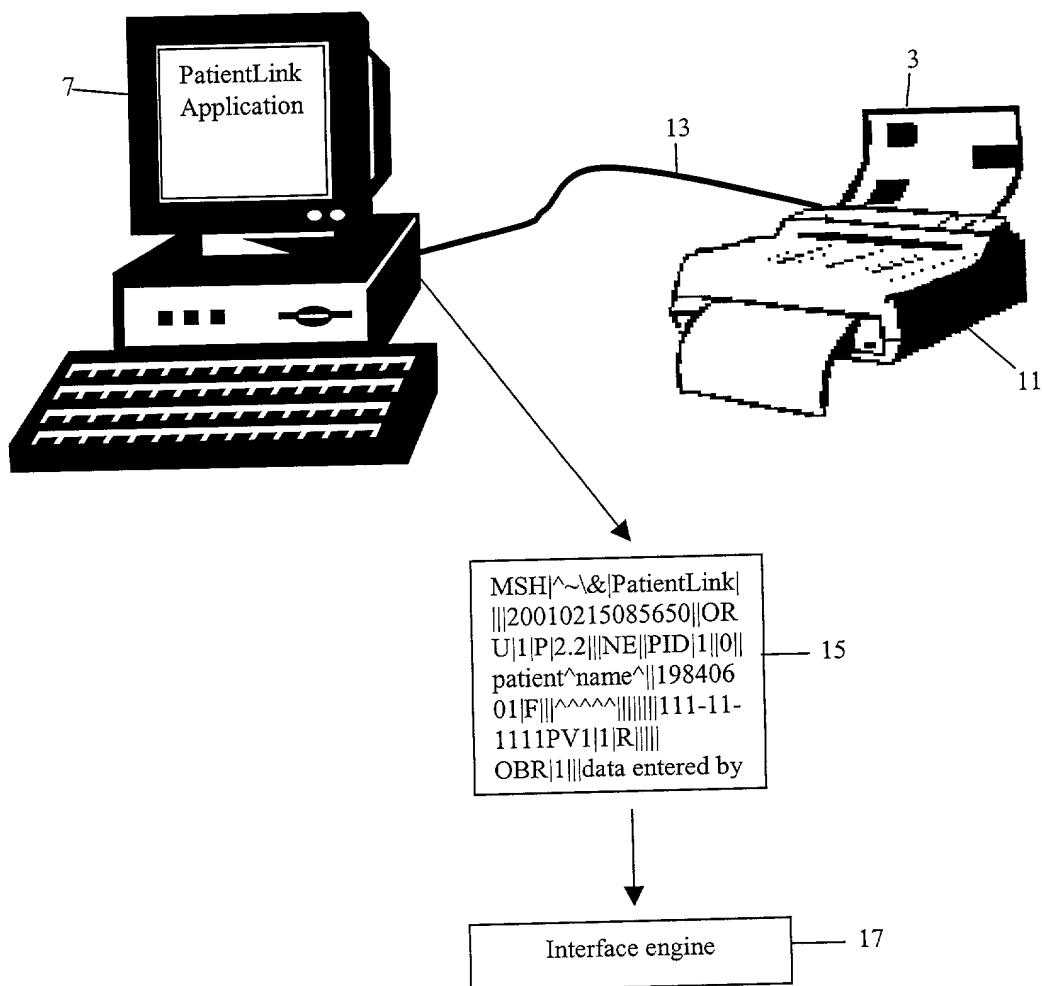


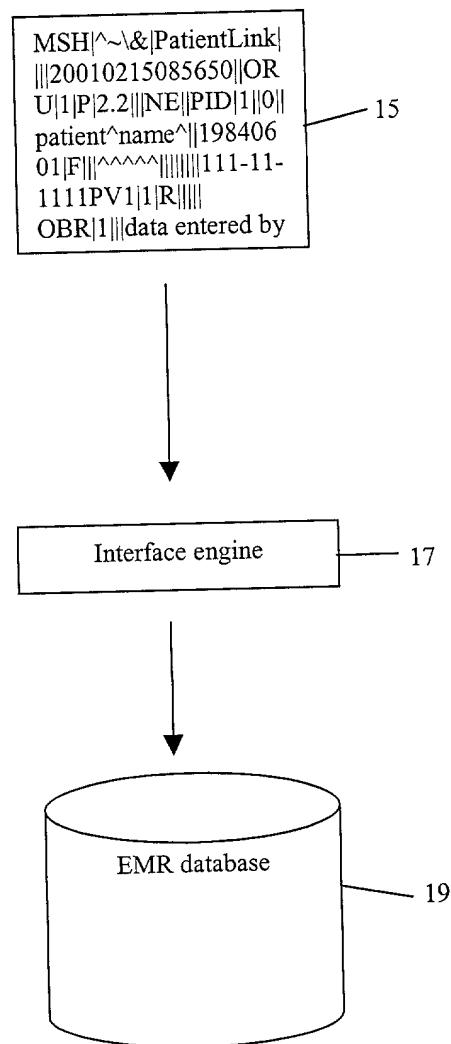
Fig 8

Fig 9